

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER		*	*	*
	IND.	DEP.	1st AMENDMENT	2nd AMENDMENT			
1	/						
2							
3	B						
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50							
TOTAL IND.							
TOTAL DEP.			23				
TOTAL CLAIMS		24					

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100							
TOTAL IND.							
TOTAL DEP.		25					
TOTAL CLAIMS		26					